

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C.H.L.</i>		<i>05-24-01</i>
O.I.P.E. CLASSIFIER	<i>MTW</i>	<i>10</i>	<i>06-08-01</i>
FORMALITY REVIEW	<i>H.L.</i>	<i>1079</i>	<i>07/24/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>9/20/02</i>
2	✓	✓	<i>10/20/03</i>
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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*623*  
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*7/24*